

SERFF Tracking Number: NELI-127333564 State: Arkansas
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49372
 Company Tracking Number: AMEND.8.1.11
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: AMEND.8.1.11
 Project Name/Number: AMEND.8.1.11/AMEND.8.1.11

Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: AMEND.8.1.11

SERFF Tr Num: NELI-127333564

State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity
 SERFF Status: Closed-Approved-Closed

State Tr Num: 49372

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: AMEND.8.1.11

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Brian Hull

Disposition Date: 07/29/2011

Date Submitted: 07/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: AMEND.8.1.11

Status of Filing in Domicile: Pending

Project Number: AMEND.8.1.11

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/29/2011

State Status Changed: 07/29/2011

Deemer Date:

Created By: Brian Hull

Submitted By: Brian Hull

Corresponding Filing Tracking Number:

Filing Description:

NEW FORM FILING – AMENDMENT FOR INDIVIDUAL HOSPITAL INDEMNITY POLICY

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC # 67784 / FEIN # 74-1952955

Form Number / Description

AMEND.8.1.11 / Hospital Indemnity Policy

We are submitting the captioned form for review and approval. This form is new and not intended to replace any previously approved forms. It will be used with policy form H-0180.AR previously approved on 8/13/10 under SERFF Tracking Number NELI-126766190 and policy form H-0184.AR approved on 10/25/10 under SERFF Tracking Number

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Project Name/Number: AMEND.8.1.11/AMEND.8.1.11
NELI-126856553.

This Amendment adds and enhances the benefits of the policy by: 1. Replacing an Exclusion to allow coverage of work related injuries if no other employer's liability coverage is in force; 2. Physician's fees for the first 3 office visits per insured are no longer subject to the Outpatient Benefits Calendar Year Deductible; 3. Well Care visits are no longer subject to the Outpatient Benefits Calendar Year Deductible.

Company and Contact

Filing Contact Information

Brian Hull, bhull@neweralife.com
200 Westlake Blvd. Ste. #1200 281-368-7278 [Phone]
Houston, TX 77079

Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas
200 Westlake Park #1200 Group Code: 520 Company Type:
Houston, TX 77079 Group Name: State ID Number:
(281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Fee is same in our domicilliary state of Texas.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	07/22/2011	50002850

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/29/2011	07/29/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Amendment	Brian Hull	07/28/2011	07/28/2011

SERFF Tracking Number: *NELI-127333564* *State:* *Arkansas*
Filing Company: *Philadelphia American Life Insurance Company* *State Tracking Number:* *49372*
Company Tracking Number: *AMEND.8.1.11*
TOI: *H14I Individual Health - Hospital Indemnity* *Sub-TOI:* *H14I.000 Health - Hospital Indemnity*
Product Name: *AMEND.8.1.11*
Project Name/Number: *AMEND.8.1.11/AMEND.8.1.11*

Disposition

Disposition Date: 07/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NELI-127333564 State: Arkansas

Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49372

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TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Amendment	Approved-Closed	Yes
Form	Amendment	Replaced	Yes

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Product Name: AMEND.8.1.11

Project Name/Number: AMEND.8.1.11/AMEND.8.1.11

Amendment Letter

Submitted Date: 07/28/2011

Comments:

minor error was corrected in form.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
AMEND.8.1.11	Policy/Contr	Amendment Initial act/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider					42.800	AMEND.8.1.11.pdf

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Form Schedule

Lead Form Number: AMEND.8.1.11

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/29/2011	AMEND.8.1.11	Policy/Cont Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		42.800	AMEND.8.1.1 1.pdf



AMENDMENT – Effective August 1, 2011

This Amendment is effective as of the later of August 1, 2011 or the Effective Date shown in the Policy Schedule of Benefits.

Under **Section 4 - Exclusions and Limitations**, Your Policy is amended by:

Deleting the following exclusion;

Injury or Sickness arising out of and in the course of any occupation for compensation, wage or profit. Expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits have been made;

Adding the following exclusion;

Injury or Sickness arising out of or as the result of any work for wage or profit when coverage is in force for the Injury or Sickness under Workers' Compensation, employer's liability or similar laws or coverage;

Your Policy is amended by replacing **Outpatient Office Visits** and **Well Care** under **Section 3 – Benefit Provisions – Additional Outpatient Benefits** with the following:

Outpatient Office Visits

Benefit amount shown in the Schedule of Benefits for physician visits, surgery or treatment of any kind in the office, outpatient clinic or emergency room. The Calendar Year Deductible will be waived for the first (3) visits as defined here for each Covered Person per Calendar Year.

Well Care

Benefit amount shown in the Schedule of Benefits for Well Care. This benefit is not subject to the Calendar Year Deductible. This benefit is subject to a Calendar Year Maximum of \$150 allowable per Calendar Year.

This Amendment is attached to and made a part of your contract.

This Amendment is subject to all provisions, exclusions and limitations of the contract not inconsistent herewith. In all other respects, your coverage remains the same.

Philadelphia American Life Insurance Company

Bill S. Chen
President

SERFF Tracking Number: NELI-127333564 State: Arkansas
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 49372
Company Tracking Number: AMEND.8.1.11
TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
Product Name: AMEND.8.1.11
Project Name/Number: AMEND.8.1.11/AMEND.8.1.11

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	07/29/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	07/29/2011

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: This amendment does not affect rates. Comments:	Approved-Closed	07/29/2011

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: n/a Comments:	Approved-Closed	07/29/2011

READABILITY CERTIFICATION

I hereby certify that the forms listed below meet the minimum reading ease score on a Flesch test basis:

New Form Number

Readability Score

AMEND.8.1.11..... 42.8



James B. Hobelman, FSA, MAAA
Second Vice-President & Actuary

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/21/2011	Form	Amendment	07/28/2011	AMEND.8.1.11.pdf (Superceded)



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Adding the following exclusion;

Injury or Sickness arising out of or as the result of any work for wage or profit when coverage is in force for the Injury or Sickness under Workers' Compensation, employer's liability or similar laws or coverage;

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This Amendment is attached to and made a part of your contract.

This Amendment is subject to all provisions, exclusions and limitations of the contract not inconsistent herewith. In all other respects, your coverage remains the same.

New Era Life Insurance Company

Bill S. Chen
President